

Enriched Living Employee Application

Date: _____			
NAME (Last, First, Middle)		SS #	
Address (Street)			
City	Zip Code	Date of Birth	Telephone #
Email:		Driver's License #	
Date available to begin work: _____			
How did you hear about Enriched Living AFC: _____			
Are you legally eligible for employment in this country (check one) : Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			
<small>Proof of citizenship or immigration status is required upon employment</small>			
Do you have an unrestricted, valid Driver's License (check one): Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, explain: _____			
Did you graduate from High School (check one): Yes <input type="checkbox"/> No <input type="checkbox"/>			
List any degrees, certificates or diplomas received: _____			
Have you received training through Network 180 of Lakeshore Training (check one): Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you currently have CPR/First Aid training complete (check one): Yes <input type="checkbox"/> No <input type="checkbox"/>			
<small>If yes, please provide copy</small>			
Are you willing to undergo a background check (check one): Yes <input type="checkbox"/> No <input type="checkbox"/>			
<small>Criminal convictions, misdemeanor and/or felony charges may bar employment. All positions require a criminal record check. Failure to complete this section accurately may be grounds for termination or withdrawal of a job offer.</small>			
Are you able to perform the following tasks with or without accomodation (circle answer):			
Lifting over 35#: Yes <input type="checkbox"/> No <input type="checkbox"/>		Food Preparation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Extensive standing: Yes <input type="checkbox"/> No <input type="checkbox"/>		Climbing Stairs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cleaning: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Emergency Information			
In case of emergency Notify:			Telephone #
Physician		Preferred Hospital	
I certify the information contained on this application is accurate and correct (circle one): Yes No			
Employee Signature			Date